

UNITED STATES BANKRUPTCY COURT  
Eastern DISTRICT OF PA

In re Lewis M. Irving  
Debtor

Case No. 19-13930-AMC

INITIAL MONTHLY OPERATING REPORT  
(SINGLE ASSET REAL ESTATE CASES)

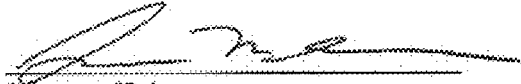
File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief

Substitute FORM IR-1 (RE) for IR-1 if case is a Single Asset Real Estate Case.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession." Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	✓	
Certificates of Insurance:		
Workers Compensation		
Property		
General Liability		
Vehicle		
Other:		
Evidence of Debtor in Possession Bank Accounts	✓	
Tax Escrow Account		
General Operating Account	✓	
Other:		
Other:		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

  
Signature of Debtor

9/29/2019  
Date

\_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Individual\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM IR (RE)  
(9/99)

Debtor Leah M. Harvey

Case No. 19-13930-AMC

CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD:

through

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 15 days after the order for relief. Amended cash flow projections should be submitted as necessary.

Entered 10/02/19 08:44:53

Cash Beginning of Month

Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Total
JULY													
5700	5700	5700	5700	5700	5700	5700	5700	5700	5700	5700	5700	5700	\$68,400.00

RECEIPTS

CASH SALES	0	0	0	0	0	0	0	0	0	0	0	0	0
ACCOUNTS RECEIVABLE	0	0	0	0	0	0	0	0	0	0	0	0	0
DEBTS AND ADVANCES	0	0	0	0	0	0	0	0	0	0	0	0	0
SALE OF ASSETS	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER (ATTACH LIST)													
TOTAL RECEIPTS													

DISBURSEMENTS

NET PAYROLL	N/A												
ROLL TAXES	N/A												
SALES, USE, AND OTHER TAXES	N/A												
INVENTORY PURCHASES	N/A												
SECURED/ RENTAL/ LEASES	N/A												
INSURANCE	250	250	250	250	250	250	250	250	250	250	250	250	\$3,000.00
ADMINISTRATIVE & SELLING													
OTHER (ATTACH LIST)	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	3140.72	\$37,688.64
PROFESSIONAL FEES													
U.S. TRUSTEE FEES													
COURT COSTS													
TOTAL DISBURSEMENTS													
CASH FLOW													
RECEIPTS LESS DISBURSEMENTS													
Cash End of Month													\$40,688.64
Year End Total													\$27,711.36

Case

Bel Air, Maryland 21014-3544

Company: Firstline National Insurance Company

Policy Number: 8190225 Renewal of: 8185365

**BUSINESSOWNERS DECLARATIONS**

**Named Insured and Mailing Address**

HAVEN MEMORIAL PARK, INC.  
HAVEN MEMORIAL CEMETARY & CREMATORY, LLC  
2500 CONCORD ROAD  
ASTON, PA 19014

**Agency Name and Address**

9176-BAS PANARELLO INSURANCE, LLC  
297 BRINTON LAKE ROAD  
THORNTON, PA 19373  
4843013292

Policy Period: From 09/07/2019 to 09/07/2020 at 12:01 A.M. Standard Time at your mailing address shown above.  
In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

BUSINESS DESCRIPTION: FUNERAL SERVICES  
FORM OF BUSINESS: Business Organization other than Partnership or Joint Venture

**SECTION I - PROPERTY**

PREMISES INFORMATION: PREMISES 1, BUILDING 1

PREMISES ADDRESS:  
2500 CONCORD RD  
ASTON, PA 19014  
COUNTY: DELAWARE

Construction: Frame  
Protection Class: 5

Occupancy: Funeral Homes or Chapels

MORTGAGEHOLDER: None

*MORTGAGEE/LOSS PAYEE: LSC 19, LLC*

PROPERTY COVERAGES: (\$2,500 property deductible per occurrence)	LIMIT OF INSURANCE*
BUILDING - Automatic Increase 2%**	\$ 834,500
BUSINESS PERSONAL PROPERTY - Seasonal Increase 25%	\$ 200,000
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations	

\*Includes Increased Building Limit Percentage, if applicable  
\*\*This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)	
OUTDOOR SIGNS - Per Occurrence Limit	\$ 10,000

POLICY DECLARATIONS ARE CONTINUED ON THE NEXT PAGE.

LIABILITY AND MEDICAL EXPENSES: See Liability and Medical Expenses Schedule

FORMS AND ENDORSEMENTS: See Form Schedule

PREMIUM: Annual Premium: \$7,911

(1) 2018/08/01-2.00(37)  
ISSUE DATE: 07/24/2019 #1

Countersigned: \_\_\_\_\_ (Authorized Representative) (Date)  
MEMBER ADV

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LIABILITY AND MEDICAL EXPENSES SCHEDULE

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SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

LIABILITY COVERAGE*	LIMIT OF INSURANCE
Liability and Medical Expenses (Per Occurrence).....	\$1,000,000
Medical Expenses (Per Person).....	\$ 5,000
Damage to Premises Rented to You (Any One Premises).....	\$ 50,000
Other Than Products/Completed Operations Aggregate.....	\$2,000,000
Products/Completed Operations Aggregate.....	\$2,000,000

\*Optional Property Damage Liability Deductible May Apply. Refer to Forms Schedule for Deductible Information (If Applicable).

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SUPPLEMENTAL DECLARATIONS PAGE - PROPERTY SCHEDULE

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 2

PREMISES ADDRESS:  
2500 CONCORD RD  
ASTON, PA 19014  
COUNTY: DELAWARE

Construction: Frame  
Protection Class: 5

Occupancy: Funeral Homes or Chapels

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$2,500 property deductible per occurrence)      LIMIT OF INSURANCE\*  
BUILDING - Automatic Increase 2%\*\*.....\$ 765,000  
BUSINESS PERSONAL PROPERTY - Seasonal Increase 25%.....\$ 100,000  
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

\*Includes Increased Building Limit Percentage, if applicable  
\*\*This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)  
NONE

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 3

PREMISES ADDRESS:  
2500 CONCORD RD  
ASTON, PA 19014  
COUNTY: DELAWARE

Construction: Frame  
Protection Class: 5

Occupancy: Funeral Homes or Chapels

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$2,500 property deductible per occurrence)      LIMIT OF INSURANCE\*  
BUILDING - Automatic Increase 2%\*\*.....\$ 227,000  
BUSINESS PERSONAL PROPERTY - Seasonal Increase 25%.....\$ 10,000  
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

\*Includes Increased Building Limit Percentage, if applicable  
\*\*This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)  
NONE

SUPPLEMENTAL DECLARATIONS PAGE - PROPERTY SCHEDULE

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 4

PREMISES ADDRESS:  
2500 CONCORD RD  
ASTON, PA 19014  
COUNTY: DELAWARE

Construction: Joisted Masonry  
Protection Class: 5

Occupancy: Funeral Homes or Chapels

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$2,500 property deductible per occurrence)	LIMIT OF INSURANCE*
BUILDING - Automatic Increase 2%**	\$ 21,000
BUSINESS PERSONAL PROPERTY - Seasonal Increase 25%	\$ 1,000
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations	

\*Includes Increased Building Limit Percentage, if applicable  
\*\*This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)  
NONE

IMPORTANT NOTICES TO POLICYHOLDERS

BPMS004 (1017) BUSINESSOWNERS AUDIT NONCOMPLIANCE FACTOR ADVISORY NOTICE  
BPMS12-1 BUSINESSOWNERS EQUIPMENT BREAKDOWN  
ILMS001 (0117) FLOOD INSURANCE NOTICE  
ILMS003 (0115) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE  
ILMS013 (0417) POLICYHOLDER NOTICE REGARDING CYBER LIABILITY COVERAGE  
ILMS014 (0416) NOTICE REGARDING CLAIMS-MADE COVERAGE ON YOUR POLICY  
ILMS015 (0417) POLICYHOLDER NOTICE REGARDING EMPLOYMENT PRACTICES LIABILITY COVERAGE  
ILMS016 (1015) CUSTOMER PRIVACY POLICY  
ILMS018 (0718) IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING AND POLICY FEES  
ILMS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC  
ILMS13-2 (0513) UNDERSTANDING THE AUDIT PROCESS COULD SAVE YOU MONEY  
ILMS14-2 (0714) NOTICE TO POLICYHOLDERS REGARDING INFLATION PROTECTION & BLDG VALUES  
ILMS93-1 (0908) LEAD LIABILITY EXCLUSION  
ILN088 (0903) PENNSYLVANIA FRAUD STATEMENT

FORM SCHEDULE

FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

BP0003 (0713) BUSINESSOWNERS COVERAGE FORM  
BP0142 (0315) PENNSYLVANIA CHANGES  
BP0191 (0702) PENNSYLVANIA NOTICE  
BP0501 (0702) CALCULATION OF PREMIUM  
BP0517 (0106) EXCLUSION - SILICA OR SILICA-RELATED DUST  
BP0523 (0115) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
BP0538 (0115) EXCLUSION-OTHER ACTS OF TERRORISM; CAP ON CERTIFIED ACTS OF TERRORISM  
BP0542 (0115) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM  
BP0577 (0106) FUNGI OR BACTERIA EXCLUSION (LIABILITY)  
BP0598 (0713) AMENDMENT OF INSURED CONTRACT DEFINITION  
BP1504 (0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION  
BPHG10 (0910) EXCLUSION - LEAD CONTAMINATION  
BPHG25 (0517) AUDIT NONCOMPLIANCE FACTOR ENDORSEMENT  
BPHG28 (0713) BUSINESSOWNERS IMPROVED VALUE ENDORSEMENT  
BPHG51 (0105) ASBESTOS EXCLUSION ENDORSEMENT  
BPHG58 (0908) TOBACCO HEALTH HAZARD EXCLUSION  
(4) POLICY: 8190225 2018/08/01-2.00(37)  
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BPHG64 (0713) GREEN ENVIRONMENTAL AND EFFICIENCY IMPROVEMENTS  
BPHG79 (0713) EXCLUSION-LOSS DUE TO BY-PRODUCTS OF PRODUCTION/PROCESSING OPERATIONS  
BPHG93 (0618) PENNSYLVANIA CHANGES  
BPHG97 (0517) EXCLUSION-UNMANNED AIRCRAFT  
BPIN01 (0713) BUSINESSOWNERS COVERAGE FORM INDEX  
BP1231 (0110) ADDITIONAL INSURED - BUILDING OWNER  
    Building Owner Name: LEWIS M. IRVING SR  
    Premises 1, Building 1  
  
BP1423 (0110) EXCLUSION - DESIGNATED PRODUCTS  
    Designated Products: CEMETERY GROUNDS AND OPERATIONS  
  
BP1231 (0110) ADDITIONAL INSURED - BUILDING OWNER  
    Building Description: LEWIS M. IRVING SR  
    Premises 1, Building 2  
  
BP1231 (0110) ADDITIONAL INSURED - BUILDING OWNER  
    Building Description: LEWIS M. IRVING SR  
    Premises 1, Building 3  
  
BP0448 (0713) ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION.....18.00  
    Designated Person: LOUIS M. IRVING SR  
    Organization: HAVEN MEMORIAL CEMETERY AND CREMATORY LLC  
  
BP1231 (0110) ADDITIONAL INSURED - BUILDING OWNER  
    Building Description: LEWIS M. IRVING SR  
    Premises 1, Building 4  
  
BPHG40 (1017) EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT.....271.00  
BPHG80 (0618) EMPLOYMENT-RELATED PRACTICES LIABILITY ENDORSEMENT.....374.00  
    \*\*\*\*THIS COVERAGE IS CLAIMS MADE, READ YOUR POLICY CAREFULLY\*\*\*\*  
    \*\*\*\*DEFENSE COSTS ARE WITHIN POLICY LIMITS\*\*\*\*  
    Each Claim Limit: \$100,000  
    Aggregate Limit: \$100,000  
    Deductible Each Claim: \$5,000 Each Claim  
    Retroactive Date: 09/07/2018  
  
ILHG07 (0416) CYBER LIABILITY ENDORSEMENT CLAIMS-MADE & REPORTED COVERAGE....116.00  
    \*\*\*\*THIS COVERAGE IS CLAIMS MADE, READ YOUR POLICY CAREFULLY\*\*\*\*  
    \*\*\*\*DEFENSE COSTS ARE WITHIN POLICY LIMITS\*\*\*\*  
    Retroactive Date: 09/07/2018

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OTHER CHARGES APPLIED TO THIS POLICY  
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Terrorism Risk Insurance Program Reauthorization Act of 2015 - Certified Acts -  
Premium Charged.....178.00

(5) POLICY: 8190225 2018/08/01-2.00(37)  
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